

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001843
381 STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 6 1963

Primary Registration District No.

1002

Registrar's No.

VS 300
Rev. 4/591
2 3168-

3

4 0

5 2

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7 2

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9 181.0

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11

12 57-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General</u>		d. STREET ADDRESS (If outside, give location) <u>1115 1/2 E. 12th</u>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>LOUIS</u> Last <u>SCHROEDER</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>19</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-28-80</u>
9. AGE (last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (City and state or country) <u>ROMANIA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH SCHROEDER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE JANZ</u>	
14. NAME OF HUSBAND OR WIFE <u>PAULINE SCHROEDER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>3 EDWARD SCHROEDER 3910 JACOBSON</u>		17. INFORMANT Address <u>3 EDWARD SCHROEDER 3910 JACOBSON</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Carcinoma of bladder with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from <u>12-29-62</u> to <u>1-18-63</u> and last saw him alive on <u>1-18-63</u> Death occurred at <u>9:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Typed or title) <u>Frank Ellis</u>	
22b. ADDRESS		22c. DATE SIGNED <u>1-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-21-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET. CEM.</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY MO.</u>	
24. FUNERAL DIRECTOR <u>Sheil's Funeral Home K.C., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 656

working under my personal supervision.

Student

Jimmy S. Birch
Signature of Student Embalmer

Signed

Richard C. Carroll

Licensed Embalmer No.

4829

P. O. Address

KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.